

NOAA Form (NF) 37-6 (Revised 6/2008 - Previous Editions Obsolete)					
Department of Commerce - National Oceanic & Atmospheric Administration					
REPORT OF PROPERTY CONSTRUCTED				Beneficial Occupancy (BOD) and/or Acceptance Date:	
TO: NOAA FO & Property, Facilities & Logistics Office (E-mail scanned copy, PDF format)				TYPE OF ASSET: <input type="checkbox"/> Satellite <input type="checkbox"/> Satellite Ground System <input type="checkbox"/> Building/Structure <input type="checkbox"/> Leasehold Improvement <input type="checkbox"/> Software <input type="checkbox"/> Other Weather System <input type="checkbox"/> Ship/Aircraft/Other	
FROM: (Enter LO CFO or CAO (Deputy CAO))				Status of Asset <input type="checkbox"/> In Use <input type="checkbox"/> Not in Use	Expected Useful Life of Asset (in Years) 40 Years ▼
Personal/Real Property Identifying Code Number(s):					
Description of Asset:				This NF 37-6 is: An Estimate/Preliminary <input type="checkbox"/>	
Region Asset is Under:				Final <input type="checkbox"/> Revised <input type="checkbox"/>	
Project Code	Cost Previously Capitalized on Prior 37-6 dated _____	Cost to be Capitalized per this 37-6	Total Capitalized Cost	Obligating Document Number	
			\$0.00		
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TOTALS	\$0.00	\$0.00	\$0.00		
Are there any environmental clearances related to this property? <input type="checkbox"/> Y <input type="checkbox"/> N (If YES, please identify by attaching a separate sheet.)					
REPORT OF PROPERTY CONSTRUCTED -- ASSET CERTIFICATIONS					
CWIP ACTIVITY MGR Certifications - Please Enter Name and Email Here:			CBS Organization Code(s)	CBS Depreciation Project Code(s) and Task Code(s)	
<input type="checkbox"/> I certify that all CWIP Project/Task Codes, Organization & Depreciation Codes cited above, are valid AND active per the CBS ACCS Validation Screen.					
<input type="checkbox"/> I certify that only appropriate CWIP costs have been included in this capitalization request of CWIP costs.					
<input type="checkbox"/> I certify that the COST Column on the latest CBS CWIP Report (CA500D) is greater than or equal to the cost balance(s) for each project code cited above (i.e., NOT included Undelivered Orders, Costs in Suspense, Transit, or Litigation).			Date:		
<input type="checkbox"/> I certify that there are no future Series/Generations forthcoming using these same project codes. (This will stop future Internal Fund/Overhead charges for these project codes.)			Signature:		
Responsible Line/Staff/Corporate Office CFO* with Funding Authority (Please Enter Name Here:)					
<input type="checkbox"/> I certify that I have reviewed the supporting documentation (invoices, purchase orders, contracts including Statements of Work and modifications) and validated the Total Asset Cost shown above.			Date:		
<input type="checkbox"/> I certify that I have completed the NF 37-6 checklist and agree with the information reported for this CWIP Project. (* OR CAO (Deputy CAO), if CWIP Activity Manager is OCAO-designated.)			Signature:		
Finance Office - Financial Statement Branch Contact - Please Enter Name Here:					
<input type="checkbox"/> I have reviewed the CBS CWIP Report (CA500D) to ensure the costs shown on this NF 37-6 do not exceed the costs on the CBS CWIP Report (CA500D).			Date:		
			Signature:		
NOAA Property Mgmt. Officer - Please Enter Name Here:					
<input type="checkbox"/> I certify that the necessary entries have been made to enter the asset into the property management system and a corresponding e-mail notice sent to the responsible CWIP Activity Manager.			Date:		
			Signature:		